

Swan Hill Health Workforce Roundtable

Medical Assistants – Training tailored to the
general practice environment

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Outline

- What is a “Medical Assistant”
- Course development process
- Graduate case studies
- Lessons learned
- Future workforce

GPpartners

- GPpartners
 - Largest Division in Australia
 - 600,000 population in Brisbane's northside
 - 220 practices
 - 800+ GPs
 - Part of nationwide network of 111 Divisions
 - Largely government funded
 - Member support organisation for local general practices

What is a Medical Assistant?

- Common role overseas, eg US, Europe, UK
 - 50 year track record
 - Classified as allied health worker
 - Emerging in other countries, eg NZ
- Different to “Physician Assistant”



What is a Medical Assistant?

- Trained specifically for ambulatory care settings
 - to assist with both clinical and administrative tasks
 - delegated by supervising clinician/manager
 - multi-skilled, flexible staff members



What is a Medical Assistant?



- A complimentary role
 - Not a substitute for doctors or nurses
 - Not an independent role
 - Aids in alleviation of workforce pressures
 - Allows better use of doctor's and nurses' time and skills
 - Improved access to services for patients

Why Medical Assisting?

- Workforce shortages severely affecting general practice
 - GPs reported
 - Overwhelmed by patient demand
 - Bogged down in ‘red tape’
 - Unable to recruit GPs, nurses and suitably qualified staff in sufficient numbers

Why Medical Assisting?

- Practice owners and managers reported:
 - Time-consuming difficulties of training newly employed staff to understand general practice environment
- Practice nurses reported:
 - Desire to participate in higher level patient services
 - Boggled down by admin duties and low level tasks
 - Concerns over non-qualified staff performing clinical duties

Why Medical Assisting?

Table 1

Who Performs What Duties

GPpartners 2003 survey results from 152 respondent practices

DUTY	Practices without a nurse		Practices with a nurse	
	Receptionist	Practice Manager	Receptionist	Practice Manager
Assist with minor operations	18%	24%	11%	11%
ECG	19%	17%	11%	9%
Spirometry	11%	10%	11%	9%
Wound care	7%	5%	3%	6%
Immunisations	2%	2%	0%	6%
Ear syringing	2%	1%	0%	5%

Course Development Process

- Focus groups of GPs and practice staff from 37 practices
- Groups provided guidance on:
 - Role name
 - Likely pay rates
 - Likelihood of practices to allow time off for training
 - Likelihood of practices to part-pay training
- Groups came up with 137 different duties for which they wanted an assistant to be trained

Course Development Process

- Administrative
 - Appointment scheduling
 - Billing
 - Medical records
 - Inventory control
 - Recalls and reminders
 - Extraction of clinical and business data from practice software
 - Handling mail and phones
- Clinical:
 - Assisting with minor procedures
 - Wound dressings
 - Measuring height, weight, vital signs, visual acuity, hearing, colour blindness
- Clinical, continued:
 - ECGs
 - Measuring blood glucose
 - Urinalysis and pregnancy testing
 - Collecting and handling specimens
 - First aid and CPR
 - Assisting with emergencies
 - Instrument sterilisation
 - Administering Vitamin B12 injections
 - Spirometry
 - Phlebotomy
 - Removing sutures
 - Ear irrigation

Course Development Process

- Legal and Medical Defence Organisation guidance
 - Administration of scheduled medications not allowed
- Widespread consultation
 - GP, nurse and practice manager groups
 - Government representatives
 - Consumers
- Formed Course Development Advisory Committee
- Initially accredited in Queensland
- Incorporated into National Health Training Package as Cert IV in Medical Practice Assisting

Course Development Process

- Original course was offered for 2 years in Brisbane in joint arrangement between TAFE and GPpartners
 - 2 small student intakes with total of 13 graduates
 - Course was fully face-to-face at cost of \$7,450 per student (one year full time)



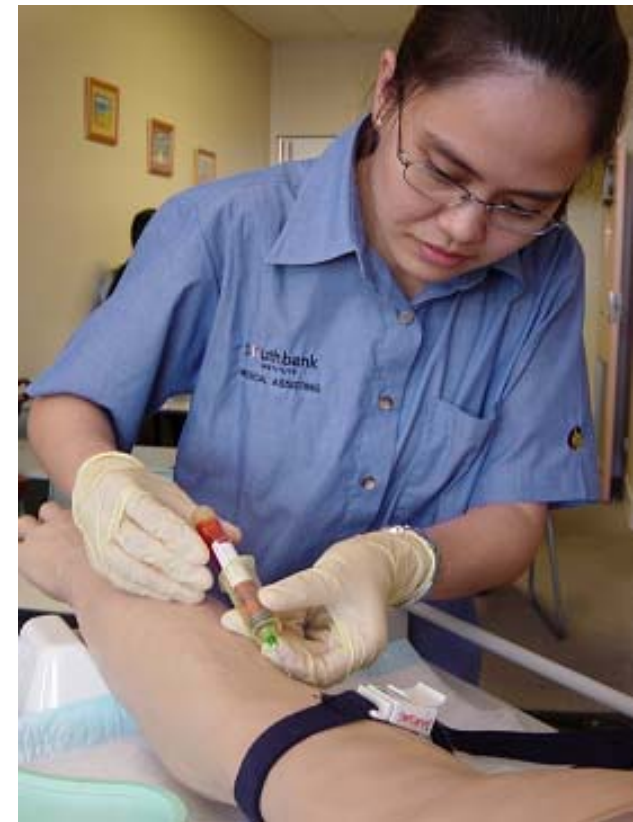
Graduate Case Studies



- Student from general practice background
 - Practice wanted a flexible worker (both admin and clinical support)
 - Post course, practice has reported their MA has a predominantly treatment room role
 - “Demand for her skills in the treatment room is too high to spare her time at reception.”

Graduate Case Studies

- Graduate employed as receptionist
 - Practice did not know what a medical assistant is; Resistant to allowing a non-nurse to perform clinical duties
 - Set up assessment process for every clinical skill; observed by principal GP and both practice nurses
 - “Our nurses were very impressed with her skills and gave her treatment room duties straightaway.”
 - Nurses are now performing home health assessments on selected days while MA covers treatment room



Lessons Learned

- Creation of new roles requires close guidance by existing workers, ie grass roots clinicians, and must complement existing workers
- Clear role definition is needed
 - Legislative boundaries
 - Indemnity protection
 - Quality and safety
- Co-workers require training
 - How to best work with new roles
 - Task and responsibility boundaries
- Consumers also require information on new roles



Lessons Learned

- Accessible, flexible learning environments are critical
 - On-line versus face-to-face
 - Self-paced, part-time
- Course fees must be realistic
- Best to target those already working in general practice



Future Workforce

- Mid-2009, launch of new on-line medical assisting course
- Funded places through Federal “apprenticeship” scheme (employer incentive) and “productivity places” (course subsidy)
- Association for Medical Assistants
 - Ongoing skills maintenance
- Key issues to overcome:
 - Legislation related to administering medications
 - Funding model in general practice

Thank you.

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